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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12558

11983

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>G arrett</u>		STATE <u>Maryland</u>		COUNTY <u>Montgomery</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Oakland</u>		<u>10 days</u>		TOWN <u>Kensington</u>		<u>15 X-2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Garrett County Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>4403 Franklin Street</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Rose</u>		(Middle) <u>Ann Maroney</u>		(Last) <u>Coglan</u>		(Month) <u>December</u> (Day) <u>29</u> (Year) <u>1955</u>	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>F</u>	<u>W</u>	<u>W</u>	<u>July 27, 1876</u>	<u>79</u> yrs.	Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Michael Maroney</u>				14. MOTHER'S MAIDEN NAME <u>Keef, Bridget</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
				<u>Bridget C. Maroney, Oakland, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
<u>422.1</u> IMMEDIATE CAUSE (A) <u>Cerebral Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>four months</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Art. C.V. D.</u>				<u>years</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Leimitis</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12/25</u>, 19 <u>55</u>, to <u>12-29</u>, 19 <u>55</u>, that I last saw the deceased alive on <u>12-29</u>, 19 <u>55</u>, and that death occurred at <u>11:00 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Thomas J. Gushy</u> M.D.				ADDRESS (Street, city, town, state) <u>Oakland Md</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>				DATE THEREOF <u>Dec 31-1955</u>		LOCATION (City, town, or county) (State) <u>Oakland Md</u>	
24. REC'D BY REGISTRAR <u>Jan 1/56</u>				REGISTRAR'S SIGNATURE <u>James A. Rowan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Emory Bolden</u>	
DATE				ADDRESS <u>Oakland Md</u>			

RECEIVED

RECEIVED
JAN 10 1956
BUREAU V. S.

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 19

1. PLACE OF BIRTH

MARYLAND

DATE OF BIRTH

DATE OF DEATH

CAUSE OF DEATH

BUREAU V. S.

RECEIVED

JAN 10 1956

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11984

CERTIFICATE OF DEATH

11979

166

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>G ARRETT</u>		MARYLAND		STATE <u>MARYLAND</u>		COUNTY <u>GARRETT</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
<u>OAKLAND</u>		<u>17 hrs. 20 min.</u>		<u>MT. LAKE PARK</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<u>GARRETT COUNTY MEMORIAL HOSPITAL</u>				<u>1</u>			
3. NAME OF DECEASED (Type or Print)			(First) (Middle) (Last)		4. DATE OF DEATH (Month) (Day) (Year)		
<u>MARY</u>			<u>ELEANOR</u>		<u>DECEMBER 2</u> 19 <u>55</u>		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>F</u>	<u>W</u>	<u>MARRIED</u>	<u>SEPTEMBER 3, 1878</u>	<u>77</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>MERCHANT</u>		<u>STORE</u>		<u>NEW YORK</u>		<u>U.S.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>WILLIAM E. LONDON</u>				<u>SARAH ELLA DINTON</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
				<u>JANE H. HUMBERTSON MT. LAKE PARK, MD.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) <u>Coronary Occlusion</u>						<u>18 hrs.</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Art. C.V. D.</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						<u>4 yrs.?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>19 49</u> <u>Dec 25</u> , to <u>Dec 25</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Dec 25</u> , 19 <u>55</u> , and that death occurred at <u>6:00 P.M.</u> from the causes and on the date stated above. SIGNATURE <u>Thomas J. Conroy</u> M.D. <u>Oakland Md</u> DATE SIGNED <u>12/27/55</u> 23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u> DATE-THEREOF <u>12/5/1955</u> NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u> LOCATION (City, town, or county) <u>Oakland, Md.</u> (State) 24. REC'D BY REGISTRAR <u>Julia A. Rowan</u> REGISTRAR'S SIGNATURE <u>Herbert C. Leighton</u> ADDRESS <u>Oakland, Md.</u> DATE <u>12/4/55</u>							

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INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12559

CERTIFICATE OF DEATH

Reg. Dist. No. 166

11985

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Oakland</u>		LENGTH OF STAY (in this place) <u>75 yrs.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Oakland</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Weeks Nursing Home</u>				STREET ADDRESS (If rural give location) <u>Third Street</u>			
3. NAME OF DECEASED (Type or Print) <u>Edward</u> (First) <u>William</u> (Middle) <u>Helbig</u> (Last)				4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 29,</u> <u>19</u> <u>55</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 25, 1875</u>	9. AGE last birthday <u>80</u> yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Dairyman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Helbig</u>				14. MOTHER'S MAIDEN NAME <u>Mary Brinkman</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>Donald E. Helbig</u> <u>Oakland, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
IMMEDIATE CAUSE (A) <u>422.1</u> <u>Branch pneumonia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>26 hrs</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerosis CVD</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 19 46</u>, to <u>Dec 29</u>, 19 <u>55</u>, that I last saw the deceased alive on <u>29 Dec</u>, 19 <u>55</u>, and that death occurred at <u>7:30 P</u>M, from the causes and on the date stated above.							
SIGNATURE <u>E. M. Mauer</u>		M.D. <u>Wm</u>		ADDRESS (Street, city, town, state) <u>Oakland Md</u>		DATE SIGNED <u>30 Dec 55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>1/2/56</u>		NAME OF CEMETERY OR CREMATORY <u>Catholic Church Cem.</u>		LOCATION (City, town, or county) <u>Oakland, Md.</u>	
24. REC'D BY REGISTRAR <u>1/1/56</u>		REGISTRAR'S SIGNATURE <u>Julius A. Rowan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert C. Leighton</u>		ADDRESS <u>Oakland, Md.</u>	

1. This certificate is to be filled out by the physician or other qualified person who has attended the deceased. It is to be filed in the office of the Registrar of the Department of Health and Hygiene, Baltimore, Maryland, and a copy is to be sent to the family of the deceased.

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, MD.

Do not fill in

1. NAME OF DECEASED

John Robert

2. SEX

Male

3. AGE

35 years

4. DATE OF DEATH

January 9, 1955

5. TIME OF DEATH

10:30 AM

6. PLACE OF DEATH

Home

7. CAUSE OF DEATH

Myocardial infarction

8. MANNER OF DEATH

Natural

9. SIGNATURE OF PHYSICIAN

John Robert

10. SIGNATURE OF REGISTRAR

John Robert

11. SIGNATURE OF WITNESSES

John Robert

12. SIGNATURE OF DECEASED

John Robert

13. SIGNATURE OF DECEASED

John Robert

14. SIGNATURE OF DECEASED

John Robert

15. SIGNATURE OF DECEASED

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16. SIGNATURE OF DECEASED

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88. SIGNATURE OF DECEASED

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89. SIGNATURE OF DECEASED

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90. SIGNATURE OF DECEASED

John Robert

BUREAU V. S.

JAN 9 1955

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11980

11986

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Garrett		MARYLAND		STATE N. Carolina COUNTY Cumberland			
CITY (If outside corporate limits, write RURAL OR end give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL end give nearest town)			
Oakland		5 Weeks		Fayetteville		70x-3	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
Evans Nursing Home				238 Cool Spring St.			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
William Frederick Janoske				Dec. 14, 1955			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
Male	White	Widowed	Jan. 13, 1881	74 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Lumber Dealer		Wholesale		Maryland		U.S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Charles A. Janoske				Caroline Rose Shaffer			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
No		----		Greeley Janoske Oakland, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
442X IMMEDIATE CAUSE (A)						INTERVAL BETWEEN ONSET AND DEATH	
Acute Myocardial Infarction						5 days	
ANTECEDENT CAUSE(S) DUE TO							
Coronary Vascular Heart Disease							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST. DUE TO							
with edema						?	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
0				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec. 13, 1955 , to Dec. 14, 1955 , that I last saw the deceased alive on Dec. 13, 1955 , and that death occurred at 2:45A M, from the causes and on the date stated above.							
SIGNATURE				DATE SIGNED			
Walter Colandrea				Dec. 15 55			
M.D.							
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		12/16/1955		Red House Cemetery		Garrett Co., Md.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
12/16/55		Julius H. Ruffin		Herbert C. Leighton		Oakland, Md.	

2000000000

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 19

1955

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

RACE

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

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BUREAU V. S.

DEC 21 1955

RECEIVED

Walter E. ...

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1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11981

11987

CERTIFICATE OF DEATH

Reg. Dist. No. 167

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT</u>		MARYLAND		STATE <u>MD</u>		COUNTY <u>GARRETT</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>RURAL OAKLAND MD</u>				TOWN <u>RURAL OAKLAND MD</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>MAGNOLIA</u> (Middle) <u>BALL</u> (Last) <u>KIGHT</u>				(Month) <u>DEC.</u> (Day) <u>11</u> (Year) <u>1955</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>FEMALE</u>	<u>WHITE</u>	<u>MARRIED</u>	<u>OCT.-8-1879</u>	<u>76</u> yrs.	Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>HOUSEWIFE</u>				<u>CALHOUN Co. W.VA.</u>		<u>U.S.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>MAC FARLAND BALL</u>				<u>BROWNIE YOK.</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
				<u>EDWARD KIGHT OAKLAND MD</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
420.1 IMMEDIATE CAUSE (A) <u>Coronary Occlusion</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO						<u>Sudden</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO						<u>3 yrs.</u>	
(C) <u>Arteriosclerosis</u>						<u>6 yrs.</u>	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>13 Sept.</u> , 19 <u>55</u> , to <u>11 Dec.</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10 Dec.</u> , 19 <u>55</u> , and that death occurred <u>10:30 P.</u> M. from the causes and on the date stated above.							
SIGNATURE		ADDRESS (Street, city, town, state)		DATE SIGNED			
<u>E. E. Mance</u>		<u>101 Third St., Oakland, Md.</u>		<u>13 Dec '55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>DEC-14-1955</u>		<u>RED HOUSE CEMETERY</u>		<u>RED HOUSE MD.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE <u>12/17/55</u>		<u>Elmer C. Shaffer</u>		<u>Emory Boldin</u>		<u>OAKLAND MD</u>	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

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Carroll Co. W. Va.

MAC FARLAND

BRITISH

FRANCIS THORNTON

BUREAU V. S.

DEC 21 1955

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INSTRUCTIONS

1 **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

1 **TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11988

CERTIFICATE OF DEATH

11982

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY GARRETT				STATE MARYLAND COUNTY GARRETT			
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN KITZMILLER				CITY (If outside corporate limits, write RURAL and give nearest town) TOWN KITZMILLER			
HOSPITAL OR INSTITUTION OR STREET ADDRESS HAZEL STREET				STREET ADDRESS (If rural give location) HAZEL STREET			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) ANTONIO - LASKAS				4. DATE OF DEATH (Month) (Day) (Year) DEC. 20, 1955			
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH AUG. 15, 1883	9. AGE last birthday 72 yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if Retired miner)			10b. KIND OF BUSINESS OR INDUSTRY Coal mines		11. BIRTHPLACE (State or foreign country) Shadowa, Russia		12. CITIZEN OF WHAT COUNTRY? Russia ✓
13. FATHER'S NAME unknown				14. MOTHER'S MAIDEN NAME unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO. 216-07-5265		17. INFORMANT & ADDRESS U.M.W. of A. Records-Kitzmiller,			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IMMEDIATE CAUSE (A) 442X Acute myocardial infarction				INTERVAL BETWEEN ONSET AND DEATH 2 days			
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cordis - Vascular Lesion (C) with edema				134			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION 8		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 54 , to Dec 20, 1955 , that I last saw the deceased alive on Dec. 20, 1955 , and that death occurred at 11:15 AM from the causes and on the date stated above.							
SIGNATURE Ralph Calabro				ADDRESS (Street, city, town, state) Kitzmiller		DATE SIGNED Dec. 20-55	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF 12/24/55		NAME OF CEMETERY OR CREMATORY Kalbaugh Cemetery		LOCATION (City, town, or county) (State) Elk Garden, W. Va.	
24. REC'D BY REGISTRAR DATE 12/24/55		REGISTRAR'S SIGNATURE W. Barrick		25. FUNERAL DIRECTOR'S SIGNATURE O. H. Blaine		ADDRESS Blaine, W. Va.	

1997-10-1997

• Isolierte Bauteile

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

2348 J. Neurosci., July 26, 2006 • 26(30):2343–2351

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BUREAU V. S.

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11983

MARYLAND STATE DEPARTMENT OF HEALTH

11989

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH - COUNTY GARRETT MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE PENNA. COUNTY FAYETTE	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN FRIENDSVILLE		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN FARMINGTON 75X-3	
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD - WHITE ROCK		STREET ADDRESS (If rural, give location) Rural - 2 miles east.	
3. NAME OF DECEASED (Type or print) KENNETH (First) HUGH (Middle) LOHR (Last)		4. DATE OF DEATH (Month) 12 (Day) 2 (Year) 1955	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> (Specify)	8. DATE OF BIRTH 1912
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Shank yard	9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Mins.
11. BIRTHPLACE (State or foreign country) Randolph Co. W. Va.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Oscar Lohr		14. MOTHER'S MAIDEN NAME Hellie Dunnington	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 162-14-6770	
17. INFORMANT AND ADDRESS Oscar Lohr, Farmington, Pa.			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
921.9 Immediate cause (a) Asphyxia - due to aspiration of stomach contents Antecedent cause(s) (b) Cerebral edema - marked Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		?
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection ☐ Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) **Thomas J. Curby M.D.** ADDRESS **Cahland, Md** DATE SIGNED **3 Dec 55**

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec 5 / 1955	Sanson Chapel	Dec 3, 1955 - Farmington Pa	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
Dec 3 1955	Mr. Ruth Frantz Deputy	W. Rodakauer	Marketburg Pa	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 6 1955

BUREAU V. S.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11984

11990

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY GARRETT		STATE MARYLAND		COUNTY GARRETT			
CITY (If outside corporate limits, write RURAL OR end give nearest town) OAKLAND		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL end give nearest town) HUTTON			
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last) SYLVESTER JACOB MARKLEY				4. DATE OF DEATH (Month) (Day) (Year) DEC. 9, 1955			
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH SEPTEMBER 15, 1872	9. AGE last birthday 83 yrs.	IF UNDER 1 YEAR Months 2 Days 24	IF UNDER 24 HRS. Hours 24 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FOREMAN		10b. KIND OF BUSINESS OR INDUSTRY TANNERY		11. BIRTHPLACE (State or foreign country) Sang Run, Maryland		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME JACOB MARKLEY				14. MOTHER'S MAIDEN NAME SALLY FRIEND			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS PAUL A. MARKLEY			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Pneumonia, lobar						1 wk	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Carcinoma of Prostate						unknown	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> et work <input type="checkbox"/> et work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 6, 1955, to Dec 9, 1955, that I last saw the deceased alive on Dec 9, 1955, and that death occurred at 6:00 PM, from the causes and on the date stated above.							
SIGNATURE <i>William Harrison Jr.</i>		DATE THEREOF DEC. 12, 1955		NAME OF CEMETERY OR CREMATORY TAYLOR SINES		LOCATION (City, town, or county) (State) near SANG RUN, MD.	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		24. REC'D BY REGISTRAR 12/11/55 - Julia A. Rowan		25. FUNERAL DIRECTOR'S SIGNATURE <i>Paul A. Markley</i>		DATE SIGNED 12/10/55	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS TERRA ALTA, W. VA.	

CERTIFICATE OF DEATH

Form No. 1

1. NAME OF DECEASED (PRINT OR TYPE)

2. SEX

3. AGE

4. DATE OF BIRTH

5. PLACE OF BIRTH

6. OCCUPATION

7. CAUSE OF DEATH

8. PLACE OF DEATH

9. TIME OF DEATH

10. SIGNATURE OF PHYSICIAN

11. SIGNATURE OF REGISTRAR

12. SIGNATURE OF WITNESSES

13. SIGNATURE OF DECEASED

14. SIGNATURE OF NEXT OF KIN

15. SIGNATURE OF CLERGYMAN

16. SIGNATURE OF CHURCH

17. SIGNATURE OF BURIAL

18. SIGNATURE OF CREMATION

19. SIGNATURE OF INTERMENT

20. SIGNATURE OF RECORDS

21. SIGNATURE OF VITALS

22. SIGNATURE OF DEATH

23. SIGNATURE OF LIFE

24. SIGNATURE OF HEALTH

25. SIGNATURE OF MENTAL

26. SIGNATURE OF PHYSICAL

27. SIGNATURE OF SOCIAL

28. SIGNATURE OF ECONOMIC

29. SIGNATURE OF POLITICAL

30. SIGNATURE OF CULTURAL

31. SIGNATURE OF EDUCATIONAL

32. SIGNATURE OF RECREATIONAL

33. SIGNATURE OF RELIGIOUS

34. SIGNATURE OF ARTS

35. SIGNATURE OF SCIENCES

36. SIGNATURE OF LETTERS

37. SIGNATURE OF LANGUAGES

38. SIGNATURE OF MATHEMATICS

39. SIGNATURE OF PHYSICS

40. SIGNATURE OF CHEMISTRY

41. SIGNATURE OF BIOLOGY

42. SIGNATURE OF MEDICINE

43. SIGNATURE OF DENTISTRY

44. SIGNATURE OF VETERINARY

45. SIGNATURE OF AGRICULTURE

46. SIGNATURE OF FISHERIES

47. SIGNATURE OF MINING

48. SIGNATURE OF MANUFACTURES

49. SIGNATURE OF COMMERCE

50. SIGNATURE OF TRANSPORTATION

51. SIGNATURE OF COMMUNICATIONS

52. SIGNATURE OF PUBLIC UTILITIES

53. SIGNATURE OF FIRE INSURANCE

54. SIGNATURE OF LIFE INSURANCE

55. SIGNATURE OF ACCIDENT INSURANCE

56. SIGNATURE OF MARINE INSURANCE

57. SIGNATURE OF FIRE MARINE

58. SIGNATURE OF LIFE MARINE

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INSTRUCTIONS

1 TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

2 TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11991

CERTIFICATE OF DEATH

11985
166

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT</u>		STATE <u>MARYLAND</u>		COUNTY <u>GARRETT</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>OAKLAND</u>		LENGTH OF STAY (in this place) <u>13 HOURS.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>FRIENDSVILLE</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>GARRETT COUNTY MEMORIAL HOSP.</u>				STREET ADDRESS (If rural give location) <u>7</u>			
3. NAME OF DECEASED (First) (Middle) (Last) <u>ROSIE</u> <u>MAY</u> <u>MC CROBIE</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>DECEMBER 11, 19 55</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 3, 1888</u>	
9. AGE last birthday <u>67</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		11. BIRTHPLACE (State or foreign country) <u>SANG RUN, MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>STEPHEN DE WITT</u>				14. MOTHER'S MAIDEN NAME <u>JENNIE RODEHEAVER</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>MR. JOSEPH MC CROBIE, FRIENDSVILLE, MD</u>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
IMMEDIATE CAUSE (A) <u>Cardiac Failure - Terminal</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Lymphadenopathy C.U.</u>						<u>10 wks</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
<u>11/11/55</u>							
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>10:00</u> <u>11/11/55</u>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10:00</u>, 19 <u>55</u>, to <u>11:00</u>, 19 <u>55</u>, that I last saw the deceased alive on <u>11/11/55</u>, and that death occurred at <u>2:28</u> M., from the causes and on the date stated above.							
SIGNATURE <u>A.S. Mance</u>		M.D. <u>Oakland Md</u>		ADDRESS (Street, city, town, state) <u>11/11/55</u>		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>REC-13-1953</u>				<u>OAK GROVE CEMETERY</u>		<u>NEAR SANG RUN MD.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>12/13/55</u>		<u>Julius A. Rowan</u>		<u>Samuel Bolden</u>		<u>OAKLAND MD.</u>	

INSTRUCTIONS

1 **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

1 **TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 104

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11986

11992 CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		STATE <u>Maryland</u> COUNTY <u>Garrett</u>		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
OR TOWN <u>Rural - Frostburg</u>		LENGTH OF STAY (in this place) <u>life</u>		OR TOWN <u>Rural - Frostburg</u>		STREET ADDRESS (If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Rural - Frostburg</u>				ADDRESS <u>/</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) <u>JAMES</u>		(Middle) <u>RICHARD MC KENZIE</u>		(Last)		<u>Dec. 24, 19 55</u>	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>male</u>	<u>white</u>	<u>widower</u>	<u>4-15-1871</u>	<u>84 yrs.</u>	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Jacob Mc Kenzie</u>				14. MOTHER'S MAIDEN NAME <u>Fanny Christner</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>none</u>		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>Clarence McKenzie, Frostburg, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) <u>arterio-sclerotic cardio-</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>vascular disease</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Sonility</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		2D. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12-1</u>, 19<u>55</u>, to <u>12-24</u>, 19<u>55</u>, that I last saw the deceased alive on <u>12-24</u>, 19<u>55</u>, and that death occurred at <u>11:45 P.</u> M., from the causes and on the date stated above.							
SIGNATURE <u>H. P. Nichl</u>				ADDRESS (Street, city, town, state) <u>Frostburg, Md.</u> DATE SIGNED <u>12/25/55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>12-27-1955</u>		NAME OF CEMETERY OR CREMATORY <u>St. Ann's Cemetery</u>		LOCATION (City, town, or county) (State) <u>Garrett County, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>Mrs. Nancy H. Rae</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. R. Durst</u> ADDRESS <u>Frostburg, Md.</u>			

1968 CERTIFICATE OF DEATH

1997

Figure 6

BUREAU V. S.

JAN 2 1956

RECEIVED

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11987

11993 **CERTIFICATE OF DEATH**

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT</u>		STATE <u>MARYLAND</u>		COUNTY <u>GARRETT</u>			
CITY (If outside corporate limits, write RURAL or and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>OAKLAND</u>		<u>3 Hrs. 35 MIN</u>		TOWN <u>MT. LAKE PARK, MARYLAND</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>GARRETT COUNTY MEMORIAL HOSPITAL</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>EVA</u> <u>MICKEY</u>				<u>12</u> <u>5</u> <u>1955</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
<u>FEMALE</u>	<u>WHITE</u>	<u>WIDOWED</u>	<u>9-9-1882</u>	<u>73</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
				<u>Nelsonville, Ohio</u>			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Frank K. Boring</u>				<u>Addie Greathouse</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
				<u>JOHN W. BORING, MT. LAKE PARK MD.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
<u>260X</u>				IMMEDIATE CAUSE (A) <u>Acute Congestive Heart Failure</u>			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				(B) <u>Diabetes Mellitus</u>			
(C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH			
				<u>3 wks</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov 9</u>, 19<u>54</u>, to <u>Dec 5</u>, 19<u>55</u>, that I last saw the deceased alive on <u>Dec 5</u>, 19<u>55</u>, and that death occurred at <u>8:50 PM</u>, from the causes and on the date stated above.							
SIGNATURE <u>E. J. Baumgartner</u>				DATE SIGNED <u>12/5/55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)				NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>				<u>Bayard</u>		<u>Bayard, W. Va.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>12/7/55</u>		<u>Julia A. Rowan L.R.</u>		<u>Emory Bolden</u>		<u>Oakland, Md.</u>	

SHORT-TURN

1. The purpose of this form is to provide a means for the collection and dissemination of information on the status of the short-turn program in the various States and Territories. It is to be filled out by the State or Territory health department and forwarded to the Bureau of Health Statistics, Department of Health, Education and Welfare, Washington, D.C. 20540. The form should be filled out annually, or more frequently if the State or Territory health department so desires. The form should be filled out for the calendar year ending on December 31, 1955. The form should be filled out for the calendar year ending on December 31, 1955. The form should be filled out for the calendar year ending on December 31, 1955.

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, MD

1955

111

Page One of Two

1. Usual Residence (Home or Place of Birth)

MARYLAND

2. Place of Death

ST. LOUIS, MO.

3. Date of Death

12/1/55

4. Age at Death

65

5. Sex

Male

6. Race

White

7. Marital Status

Married

8. Occupation

Teacher

9. Cause of Death

Heart Disease

10. Medical Certification

Physician's Signature

Physician's Name

Physician's Address

Physician's Phone

Physician's License

Physician's Title

Physician's Signature

Physician's Name

Physician's Address

Physician's Phone

Physician's License

Physician's Title

Physician's Signature

Physician's Name

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Physician's Phone

Physician's License

Physician's Title

Physician's Signature

Physician's Name

Physician's Address

Physician's Phone

BUREAU V. S.

DEC 15 1955

RECEIVED

12/1/55 Received by Bureau of Health Statistics

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INSTRUCTIONS

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VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12566

11994

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT</u>		STATE <u>MARYLAND</u>		COUNTY <u>GARRETT</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
OR TOWN <u>OAKLAND</u>		<u>22 DAYS</u>		OR TOWN <u>CRELLIN</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>GARRETT COUNTY MEMORIAL HOSP.</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) <u>MARTHA</u>		(Middle) <u>ELLA</u>		(Last) <u>MOATS</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MARCH 28, 1896</u>	
				9. AGE last birthday <u>59</u> yrs.		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>WEST VIRGINIA</u>	
						12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>JOHN MORGAN MOATS</u>				14. MOTHER'S MAIDEN NAME <u>ANNIE SHIPP</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>AMOS MOATS, CRELLIN, MARYLAND</u>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
331X IMMEDIATE CAUSE (A) <u>Cerebro-Vascular Accident</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B)							
STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12-2</u> , 19 <u>50</u> , to <u>12-31</u> , 19 <u>50</u> , that I last saw the deceased <u>live on</u> <u>12-30</u> , 19 <u>50</u> , and that death occurred at <u>1:05 A.</u> from the causes and on the date stated above.							
SIGNATURE <u>Thomas D. Lundy</u>				ADDRESS (Street, city, town, state) <u>Oakland Md</u>		DATE SIGNED <u>12/31/50</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>JAN-2-1956</u>		NAME OF CEMETERY OR CREMATORY <u>AURORA CEMETERY</u>		LOCATION (City, town, or county) <u>AURORA W. VA.</u>	
24. REC'D BY REGISTRAR <u>Jan 2/51</u>		REGISTRAR'S SIGNATURE <u>Julius C. Rowen LR</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Emory Bolden</u>		ADDRESS <u>OAKLAND MD.</u>	

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11988

11995

CERTIFICATE OF DEATH

Reg. Dist. No. 163

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Garrett</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Bloomington</u>		LENGTH OF STAY (in this place) <u>75 yrs</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Bloomington</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>03</u>				STREET ADDRESS (If rural give location) <u>/</u>			
3. NAME OF DECEASED (First) (Middle) (Last) <u>Charles Daley Moorehead</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 20 19 55</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 4, 1880</u>	9. AGE last birthday <u>75</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner-retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal -</u>		11. BIRTHPLACE (State or foreign country) <u>W. Va.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Robert Moorehead</u>				14. MOTHER'S MAIDEN NAME <u>Mary Shanholtz</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>NO</u>		16. SOCIAL SECURITY NO. <u>236-03-3985</u>		17. INFORMANT & ADDRESS <u>Bloomington Md.</u> <u>Mrs. Fannie Moorehead,</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) <u>481X</u>				<u>Coronary Thrombosis</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Influenza</u>				<u>2 days</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)				<u>7 days</u>			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION		2D. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <u>12/20/55</u>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12/15/55</u> to <u>12/20/55</u> , that I last saw the deceased alive on <u>12/20/55</u> , and that death occurred at <u>6 a.</u> M., from the causes and on the date stated above.							
SIGNATURE <u>P. E. Berry</u>				ADDRESS (Street, city, town, state) <u>M.D. Piedmont, W. Va.</u>		DATE SIGNED <u>12/20/55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>12/22/55</u>		NAME OF CEMETERY OR CREMATORY <u>Philos Cemetery</u>		LOCATION (City, town, or county) (State) <u>Westernport, Md.</u>	
24. REC'D BY REGISTRAR <u>12-20-55</u>		REGISTRAR'S SIGNATURE <u>Dorsey Patterson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Harold Fredlock</u>		ADDRESS <u>Piedmont, W. Va.</u>	

11388

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, MD

CERTIFICATE OF DEATH

1955

Reg. Dist. No.

1. Usual Residence of Deceased

2. Place of Death

3. County

4. State

5. Name of Deceased

6. Sex

7. Race

8. Date of Birth

9. Date of Death

10. Cause of Death

11. Marital Status

12. Date of Marriage

13. Date of Death

14. Name of Physician

15. Name of Hospital

16. Name of Informant

17. Name of Informant

18. Date of Death

19. Date of Death

BUREAU V. 2

DEC 22 1955

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11996

CERTIFICATE OF DEATH

12561

166

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT</u>		STATE <u>MARYLAND</u>		COUNTY <u>GARRETT</u>			
CITY (If outside corporate limits, write RURAL or and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>OAKLAND</u>				TOWN <u>OAKLAND</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>GARRETT COUNTY MEMORIAL HOSPITAL</u>				STREET ADDRESS (If rural give location) <u>112 LIBERTY STREET</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>JANE</u>		(Middle) <u>M. Edgar</u>		(Last) <u>PECK</u>		(Month) (Day) (Year) <u>DECEMBER 23 19 55</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 21, 1886</u>	9. AGE last birthday <u>69</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>JOHN EDGAR</u>				14. MOTHER'S MAIDEN NAME <u>BOWMAN, SUSAN</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>NO</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>JOSEPH PECK, 112 LIBERTY ST, OAKLAND</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>5</u> days	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>Cerebral Thrombus</u>							
IMMEDIATE CAUSE (A) <u>332X</u>							
ANTECEDENT CAUSE(S) DUE TO <u>Hypertension and Arteriosclerosis</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO <u>UNDERLYING CAUSE LAST.</u>							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> et work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec. 17, 1955</u> , to <u>Dec. 23, 1955</u> , that I last saw the deceased alive on <u>Dec. 22, 1955</u> , and that death occurred at <u>3:24 A.M.</u> , from the causes and on the date stated above.							
SIGNATURE <u>E. S. Baumgartner</u>				ADDRESS (Street, city, town, state) <u>25 Alder St., Oakland, Md.</u>		DATE SIGNED <u>12/23/55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>DEC 26-1955</u>		NAME OF CEMETERY OR CREMATORY <u>JHAYERVILLE</u>		LOCATION (City, town, or county) (State) <u>NEAR MC HENRY. MD.</u>	
24. REC'D BY REGISTRAR <u>Dec 26/55</u>		REGISTRAR'S SIGNATURE <u>Julius Rowan JR</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Emory Bolden</u>		ADDRESS <u>OAKLAND MD.</u>	

11988 CERTIFICATE OF DEATH

Reg. Div. No. 11

1. DECEASED'S NAME (PRINT OR TYPE)

2. PLACE OF DEATH

3. SEX (M or F)

4. RACE

5. DATE OF BIRTH

6. PLACE OF BIRTH

7. OCCUPATION

8. MARITAL STATUS

9. DATE OF DEATH

10. TIME OF DEATH

11. CAUSE OF DEATH

12. PLACE OF DEATH

13. OCCUPATION

14. MARITAL STATUS

15. DATE OF DEATH

16. TIME OF DEATH

17. CAUSE OF DEATH

18. PLACE OF DEATH

19. OCCUPATION

20. MARITAL STATUS

21. DATE OF DEATH

22. TIME OF DEATH

23. CAUSE OF DEATH

24. PLACE OF DEATH

25. OCCUPATION

26. MARITAL STATUS

27. DATE OF DEATH

28. TIME OF DEATH

29. CAUSE OF DEATH

30. PLACE OF DEATH

31. OCCUPATION

32. MARITAL STATUS

33. DATE OF DEATH

34. TIME OF DEATH

35. CAUSE OF DEATH

36. PLACE OF DEATH

37. OCCUPATION

38. MARITAL STATUS

39. DATE OF DEATH

40. TIME OF DEATH

41. CAUSE OF DEATH

42. PLACE OF DEATH

43. OCCUPATION

44. MARITAL STATUS

45. DATE OF DEATH

46. TIME OF DEATH

47. CAUSE OF DEATH

48. PLACE OF DEATH

49. OCCUPATION

50. MARITAL STATUS

51. DATE OF DEATH

52. TIME OF DEATH

53. CAUSE OF DEATH

54. PLACE OF DEATH

55. OCCUPATION

56. MARITAL STATUS

57. DATE OF DEATH

58. TIME OF DEATH

59. CAUSE OF DEATH

60. PLACE OF DEATH

61. OCCUPATION

62. MARITAL STATUS

63. DATE OF DEATH

64. TIME OF DEATH

65. CAUSE OF DEATH

66. PLACE OF DEATH

67. OCCUPATION

68. MARITAL STATUS

69. DATE OF DEATH

70. TIME OF DEATH

71. CAUSE OF DEATH

72. PLACE OF DEATH

73. OCCUPATION

74. MARITAL STATUS

75. DATE OF DEATH

76. TIME OF DEATH

77. CAUSE OF DEATH

78. PLACE OF DEATH

79. OCCUPATION

80. MARITAL STATUS

81. DATE OF DEATH

82. TIME OF DEATH

83. CAUSE OF DEATH

BUREAU V. S.

JAN 9

RECEIVED

DEC 26 1900

INSTRUCTIONS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11997
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11989
Reg. Dist. No. 172

1. PLACE OF DEATH: COUNTY Garrett MARYLAND CITY (If outside corporate limits, write RURAL OR add to nearest town) TOWN Kitzmiller HOSPITAL OR INSTITUTION OR STREET ADDRESS Potomac River Bank		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W.Va. COUNTY Mineral CITY (If outside corporate limits write RURAL and give nearest town) TOWN Potomac Manor STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED: (Type or Print) CONSTANTINE RAD		4. DATE OF DEATH December 16 1955	
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED: WIDOWED	8. DATE OF BIRTH: MAY 21, 1887
9. AGE last birthday: 68 yrs.		10. BIRTHPLACE (State or foreign country): Rumanian	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): retired miner		10b. KIND OF BUSINESS OR INDUSTRY: Coal Mines	
11. BIRTHPLACE (State or foreign country): U.S.A.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: unknown		14. MOTHER'S MAIDEN NAME: unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY No.: 234-03-1413	
17. INFORMANT & ADDRESS: United Mine Workers of A. Records		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) Accident due to freezing. DUE TO		Antecedent cause(s) (b) Over exposure. DUE TO	
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) Acute alcoholism.		II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH.	
21b. PLACE (Home, farm, factory, OF street office bldg., etc., INJURY River Bank		21c. (City or town) Kitzmiller (County) Garrett (State) Maryland	
21d. TIME (Month) Dec. (Day) 16 (Year) 1955 (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Fell and froze to death from exposure		22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .	
SIGNATURE E. J. Brown Jr. M.D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED 12/19/55 DEPUTY MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAM. <input type="checkbox"/>	
23. BURIAL, CREMATION, REMOVAL (Specify): Burial		DATE THEREOF 12/22/55 NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery LOCATION (City, town, or county) (State) Elk Garden, Mineral, W.Va.	
DATE REC'D BY LOCAL REG. 12/24/55		REGISTRAR'S SIGNATURE W. H. Harnett 24. FUNERAL DIRECTOR W. H. Harnett ADDRESS Blaine, W.Va.	

RECEIVED

DEC 29 1955

BUREAU V. S.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11998 CERTIFICATE OF DEATH

11990

166

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Allegany</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
<u>X</u> TOWN <u>Oakland</u>		<u>2 weeks</u>		CITY <u>Cumberland</u>		<u>0102.2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<u>90</u> <u>Evans Nursing Home</u>				<u>632 Fayette St.</u> ✓			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>MARY</u>		(Middle) <u>ANN</u>		(Last) <u>RIZER</u>		(Month) (Day) (Year) <u>Dec. 5, 1955</u>	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Female</u>	<u>White</u>	<u>Widow</u>	<u>July 3, 1880</u>	<u>75</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
<u>Housewife</u>			<u>Own home</u>		<u>Frostburg, Md.</u>		<u>USA</u>
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Frederick Rowe</u>				<u>Sarah Evans</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS		
<u>4</u> <u>No</u>			<u>None</u>		<u>Harry F. Rizer, Cumberland, Md.</u>		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
537X IMMEDIATE CAUSE (A) <u>Acute Myocardial</u>						INTERVAL BETWEEN ONSET AND DEATH <u>500/2</u>	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST, DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Generalized Arteriosclerosis</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				2D. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov 23</u> , 19 <u>55</u> , to <u>Dec 5</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Dec 4</u> , 19 <u>55</u> , and that death occurred at <u>M</u> , from the causes and on the date stated above.							
SIGNATURE <u>W. H. Kight</u>				ADDRESS (Street, city, town, state) <u>Cumberland, Md.</u>		DATE SIGNED <u>12/6/55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Dec. 7, 1955</u>		<u>Hill Crest Cemetery</u>		<u>Cumberland, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>12/6/55</u>		<u>Julia Howan LP</u>		<u>William H. Kight, Cumberland, Md.</u>			

NOTIFICATION

1. I, the undersigned, being a resident of the State of Maryland, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears in the records of the State Department of Health, Baltimore, Maryland.

2. I further certify that the within and foregoing is a true and correct copy of the original as the same appears in the records of the State Department of Health, Baltimore, Maryland.

3. I further certify that the within and foregoing is a true and correct copy of the original as the same appears in the records of the State Department of Health, Baltimore, Maryland.

4. I further certify that the within and foregoing is a true and correct copy of the original as the same appears in the records of the State Department of Health, Baltimore, Maryland.

5. I further certify that the within and foregoing is a true and correct copy of the original as the same appears in the records of the State Department of Health, Baltimore, Maryland.

6. I further certify that the within and foregoing is a true and correct copy of the original as the same appears in the records of the State Department of Health, Baltimore, Maryland.

7. I further certify that the within and foregoing is a true and correct copy of the original as the same appears in the records of the State Department of Health, Baltimore, Maryland.

8. I further certify that the within and foregoing is a true and correct copy of the original as the same appears in the records of the State Department of Health, Baltimore, Maryland.

9. I further certify that the within and foregoing is a true and correct copy of the original as the same appears in the records of the State Department of Health, Baltimore, Maryland.

10. I further certify that the within and foregoing is a true and correct copy of the original as the same appears in the records of the State Department of Health, Baltimore, Maryland.

STATE DEPARTMENT OF HEALTH-BALTIMORE, MD.

CERTIFICATE OF DEATH

11900

111

1. NAME OF DECEASED JOHN J. CAMPBELL		2. SEX Male		3. AGE 65		4. RACE White		5. BIRTH DATE 1890		6. BIRTH PLACE Maryland	
7. MARITAL STATUS Married		8. OCCUPATION None		9. CAUSE OF DEATH Heart Disease		10. MANNER OF DEATH Natural		11. DATE OF DEATH Dec. 15, 1955		12. PLACE OF DEATH Home	
13. SIGNATURE OF DECEASED John J. Campbell		14. SIGNATURE OF WITNESSES None		15. SIGNATURE OF PHYSICIAN None		16. SIGNATURE OF CORONER None		17. SIGNATURE OF JURY None		18. SIGNATURE OF STATE DEPARTMENT OF HEALTH None	

BUREAU V. S.

DEC 15 1955

RECEIVED

12/15/55
John J. Campbell JR

INSTRUCTIONS

1 **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12581

11999

CERTIFICATE OF DEATH

Reg. Dist. No. 1.66

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Barrett</u>		STATE <u>Md.</u> COUNTY <u>Allegany</u>					
CITY (If outside corporate limits, write RURAL and give nearest town) <u>mt. Lake Park</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cumberland</u>					
TOWN <u>mt. Lake Park</u>		TOWN <u>Cumberland</u>					
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Kiser Nursing Home</u>		STREET ADDRESS (If rural give location) <u>505 Central Ave</u>					
3. NAME OF DECEASED (Type or Print) <u>Eleanor K SENKBEIL</u>							
4. DATE OF DEATH (Month) <u>Dec</u> (Day) <u>28</u> (Year) <u>1955</u>							
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2/12/1890</u>				
9. AGE last birthday <u>65</u> yrs.		10. KIND OF BUSINESS OR INDUSTRY <u>House Wife</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>					
13. FATHER'S NAME <u>Henry Smith</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>					
17. INFORMANT & ADDRESS <u>Arbatus Senkbeil - Cumberland</u>		18. MEDICAL CERTIFICATION					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH					
260X IMMEDIATE CAUSE (A) <u>Heart Failure</u>		<u>Four Hours</u>					
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) <u>Diabetes Mellitus</u>							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. (C)							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)					
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)					
21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>11/30</u> , 19 <u>55</u> , to <u>12/28</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12/23</u> , 19 <u>55</u> , and that death occurred at <u>11 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Thomas J. Lushy</u> M.D. <u>Cumberland, Md.</u>		DATE SIGNED <u>12/28/55</u>					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>12/31/55</u>					
24. REC'D BY REGISTRAR <u>John A. Rowan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Stein, Inc.</u>					
DATE <u>12/31/55</u>		ADDRESS <u>Cumberland</u>					

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 A19C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11991

166

12000

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY GARRETT	MARYLAND	STATE MD	COUNTY GARRETT.
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN OAKLAND	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) TOWN OAKLAND	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
(First) ROBERT (Middle) ELMER (Last) SHAFFER		DEC. 9 1955	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
MALE	WHITE	SINGLE	JUNE-13-1953
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
			TURNER DUGLAS W.VA.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
ROBERT SHAFFER		MINNIE MAULE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT & ADDRESS	
		ROBERT SHAFFER CRELLIN MD.	
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
502.1 IMMEDIATE CAUSE (A) Aspiration of Vomitus			10 minutes
ANTECEDENT CAUSE(S) DUE TO (B) Bronchitis, mild			24 hrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-11, 1955, to 12-8, 1955, that I last saw the deceased alive on 12-8, 1955, and that death occurred at 8:30 A.M. from the causes and on the date stated above.			
SIGNATURE		DATE SIGNED	
Sam H. Jenter, M.D.		12-8-55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		24. REC'D BY REGISTRAR	
BURIAL		12/11/55	
DATE THEREOF		REGISTRAR'S SIGNATURE	
DEC-11-1955		Julia Rowan R.P.	
NAME OF CEMETERY OR CREMATORY		25. FUNERAL DIRECTOR'S SIGNATURE	
OAKLAND CEMETERY		Emory Bolden	
LOCATION (City, town, or county)		ADDRESS	
OAKLAND		OAKLAND MD.	

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12562

12001

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		STATE <u>Maryland</u>		COUNTY <u>Garrett</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
<u>X</u> TOWN <u>Rural Mt. Lake Park, 17 yrs.</u>				TOWN <u>Rural Mt. Lake Park</u>		<u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>2 Mi. S. Mt. Lake Park</u>				STREET ADDRESS (If rural give location) <u>2 Mi. S. Mt. Lake Park</u>			
3. NAME OF DECEASED (Type or Print)		(First) <u>Kenneth</u>		(Middle) <u>N.</u>		(Last) <u>Swick</u>	
				4. DATE OF DEATH (Month) <u>Dec.</u> (Day) <u>31,</u> (Year) <u>1955</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Male</u>	<u>White</u>	<u>Widowed</u>	<u>Nov. 7, 1867</u>	<u>88</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Retired Track Foreman</u>		<u>Railroad Co.</u>		<u>West Virginia</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Nimrod Swick</u>				<u>Jane Thorn</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>no</u>		<u>----</u>		<u>Mrs. J. B. King Mt. Lake Park,</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
<u>4221</u> IMMEDIATE CAUSE (A) <u>Art. C. V. D.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>with Heart Failure</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Chr. Bronchitis & Senility</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
<u>None</u>							
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				21e. INJURY OCCURRED While at work Not while at work		21f. HOW DID INJURY OCCUR?	
				<u>M.</u>			
22. I hereby certify that I attended the deceased from <u>2:00 P.M.</u>, <u>1955</u>, to <u>Oct 29</u>, <u>1955</u>, that I last saw the deceased alive on <u>Oct 29</u>, <u>1955</u>, and that death occurred at <u>2:00 P.M.</u> from the causes and on the date stated above.							
SIGNATURE				ADDRESS (Street, city, town, state)		DATE SIGNED	
<u>Thomas A. Cusby</u>				<u>Oakland Md.</u>		<u>1/2/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>1/3/1956</u>		<u>King Cemetery</u>		<u>Near Mt. Lake Park, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>1/2/56</u>		<u>John A. Gowan</u>		<u>Herbert C. Reighton</u>		<u>Oakland, Md.</u>	

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12002

CERTIFICATE OF DEATH

Reg. Dist. No.

11992
(11992)
166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL or and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR	
X TOWN <u>Rural Deer Park</u>		<u>1 month</u>		TOWN <u>Oakland</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>2 Mi. S. Deer Park</u>				STREET ADDRESS (If rural give location) <u>Eighth Street</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Luther</u>		(Middle) <u>Sherman</u>		(Last) <u>Warnick</u>		(Month) (Day) (Year) <u>Dec. 4, 1955</u>	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		
<u>Male</u>	<u>White</u>	<u>Widowed</u>	<u>Sept. 21, 1885</u>	<u>70</u> yrs.	Months	Days	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Blacksmith</u>		<u>Roads Garage</u>		<u>Maryland</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Bouse Warnick</u>				<u>Clarcie Beaver</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>no</u>		<u>219-14-6781</u>		<u>Luther Warnick, Deer Park, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
IMMEDIATE CAUSE (A)						INTERVAL BETWEEN ONSET AND DEATH	
<u>Acute Myocardial Infarction</u>							
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST.							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, lecture, or INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 1, 1955</u>, to <u>Dec 4, 1955</u>, that I last saw the deceased alive on <u>Dec 4, 1955</u>, and that death occurred at <u>2:45A</u> M, from the causes and on the date stated above.							
SIGNATURE				ADDRESS (Street, city, town, state)		DATE SIGNED	
<u>Ralph Calandrella</u>				<u>Kitzmiller, Md</u>		<u>Dec 5 - 55</u>	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>12/6/1955</u>		<u>Turner Cemetery</u>		<u>Garrett Co., Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>12/5/55</u>		<u>Julia C. Rawson</u>		<u>Herbert C. Redington</u>		<u>Oakland, Md.</u>	

CERTIFICATE OF DEATH

1. NAME OF DECEASED

2. SEX

3. AGE

4. DATE OF BIRTH

5. PLACE OF BIRTH

6. OCCUPATION

7. CAUSE OF DEATH

8. PLACE OF DEATH

9. TIME OF DEATH

10. SIGNATURE OF DECEASED

11. SIGNATURE OF WITNESSES

12. SIGNATURE OF PHYSICIAN

13. SIGNATURE OF CORONER

14. SIGNATURE OF JURY

15. SIGNATURE OF JUDGE

16. SIGNATURE OF CLERK

17. SIGNATURE OF REGISTRAR

18. SIGNATURE OF SHERIFF

19. SIGNATURE OF SHERIFF'S DEPUTY

20. SIGNATURE OF SHERIFF'S CLERK

21. SIGNATURE OF SHERIFF'S DEPUTY CLERK

22. SIGNATURE OF SHERIFF'S DEPUTY CLERK

23. SIGNATURE OF SHERIFF'S DEPUTY CLERK

24. SIGNATURE OF SHERIFF'S DEPUTY CLERK

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28. SIGNATURE OF SHERIFF'S DEPUTY CLERK

29. SIGNATURE OF SHERIFF'S DEPUTY CLERK

30. SIGNATURE OF SHERIFF'S DEPUTY CLERK

BUREAU V. S.

DEC 15 1955

RECEIVED

12/15/55
J. A. Brown
IV

12/15/55

NOTIFICATION

1. NAME OF DECEASED
2. SEX
3. AGE
4. DATE OF BIRTH
5. PLACE OF BIRTH
6. OCCUPATION
7. CAUSE OF DEATH
8. PLACE OF DEATH
9. TIME OF DEATH
10. SIGNATURE OF DECEASED
11. SIGNATURE OF WITNESSES
12. SIGNATURE OF PHYSICIAN
13. SIGNATURE OF CORONER
14. SIGNATURE OF JURY
15. SIGNATURE OF JUDGE
16. SIGNATURE OF CLERK
17. SIGNATURE OF REGISTRAR
18. SIGNATURE OF SHERIFF
19. SIGNATURE OF SHERIFF'S DEPUTY
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28. SIGNATURE OF SHERIFF'S DEPUTY CLERK
29. SIGNATURE OF SHERIFF'S DEPUTY CLERK
30. SIGNATURE OF SHERIFF'S DEPUTY CLERK

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11993

12003

CERTIFICATE OF DEATH

Reg. Dist. No. 166

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <i>Barrett</i>	MARYLAND	STATE <i>W. Va.</i>	COUNTY <i>Preston</i>
CITY (If outside corporate limits, write RURAL OR and give nearest town) <i>X Oakland</i>	LENGTH OF STAY (in this place) <i>1 1/2 mos</i>	CITY (If outside corporate limits, write RURAL OR and give nearest town) <i>CRANESVILLE</i>	<i>85X-3</i>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>70 Weeks Nursing Home</i>		STREET ADDRESS (If rural give location) <i>WVA</i>	
3. NAME OF DECEASED		4. DATE OF DEATH	
(First) <i>ABRAHAM</i>	(Middle) <i>WILHELM</i>	(Last)	(Month) (Day) (Year) <i>Dec 5 1955</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>AUG 27 1861</i>
9. AGE last birthday <i>93 yrs</i>		10. IF UNDER 1 YEAR <i>3</i> Months <i>8</i> Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>CARPENTER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>CRANESVILLE, WVA</i>	
11. BIRTHPLACE (State or foreign country) <i>CRANESVILLE, WVA</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>JONATHAN WILHELM</i>		14. MOTHER'S MAIDEN NAME <i>NOT KNOWN</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>9</i>		16. SOCIAL SECURITY NO. <i>NONE</i>	
17. INFORMANT & ADDRESS <i>BERLIN WILHELM</i>			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			<i>443X</i>
IMMEDIATE CAUSE (A) <i>Heart Failure</i>			<i>400 minutes</i>
ANTECEDENT CAUSE(S) DUE TO (B) <i>Hypertensive + arteriosclerotic</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <i>cardiovascular disease</i>			<i>years</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Senility - chronic cystitis</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10-21, 1955</i>, to <i>12-5, 55</i>, that I last saw the deceased alive on <i>12-5, 1955</i>, and that death occurred at <i>2:05 PM</i>, from the causes and on the date stated above.			
SIGNATURE <i>Thomas A. Gushy</i>		DATE SIGNED <i>5 Dec 55</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>REMOVAL</i>		24. REC'D BY REGISTRAR <i>Julia A. Rowan</i>	
DATE THEREOF <i>12/8/55</i>		REGISTRAR'S SIGNATURE <i>Julia A. Rowan</i>	
NAME OF CEMETERY OR CREMATORY <i>CRANESVILLE</i>		LOCATION (City, town, or county) (State) <i>CRANESVILLE</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>HL BROWNING</i>		ADDRESS <i>WVA</i>	

12/5/8

RECEIVED

BUREAU V. S.

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